# Safe and Supportive Schools Commission focus group with the MA School Nurse Leader Evaluation Team, Assabet Valley Collaborative, Marlborough, May 10, 2019

## Summary of Key Themes

The Department of Elementary and Secondary Education (DESE) Safe and Supportive Schools Commission (Commission) Co-Chair and two DESE colleagues joined the School Nurse Leader Evaluation Team at their meeting on May 10, 2019. The group was comprised of directors of School Health and Nursing Services, Massachusetts Department of Public Health (DPH) School Health Unit Staff, and staff from the Boston University School Health Institute for Education and Leadership Development. The nurse leaders reviewed a Commission responsibilities summary, as well as highlights from the Harvard Law Clinic’s focus group [key findings](http://www.doe.mass.edu/sfs/safety/meetings/2018-04focus.docx), and the [focus group summary](http://www.doe.mass.edu/sfs/safety/meetings/2019-0123sassc.docx) from the Massachusetts Association of School Superintendents (MASS) Executive Committee. Participants in the nurse leaders group discussed aspects of these documents that resonated with them, and what their priorities would be for suggested recommendations that the Commission could make to the legislature, districts, DESE or others. The conversation helped to inform (and will continue to do so) the DESE and the Safe and Supportive Schools Commission’s considerations regarding possible efforts and recommendations related to the Commission’s charge to “propose steps for improving schools' access to clinically, culturally and linguistically appropriate services.”

**INTERRELATED DISCUSSION THEMES SHARED BY PARTICIPANTS (NURSE LEADERS)**

* ***More sustainable and equitable funding***

More funding for schools to support access to services, and for nurse leaders to be most effective in promoting health and wellness. The school nurse has a public and community health lens that reaches far beyond a struggling student to the concerns of an entire community.  School nurses think holistically regarding the issues of health, mental health, academic achievement, and the central role of the school nurse.    It is important for leaders to recognize the unique role that school nurses play in the life of a child, their families and the school community.  School nurses have no appointment times so the nurse is many times the first person to evaluate a struggling student.  For this reason and more, for many students, the school nurse may be the only trusted adult for them in the building (and having at least one trusted adult at school can be a resiliency factor for students).

Budgeting and limitations of the budget are huge. For example, one child with catastrophic health issues is essential to address and can significantly impact the budget for the year. Students with multiple needs can quickly use up most of the school health budget. Evaluating workload as well as numbers of students is a more equitable way to determine staff to student ratio for school support staff such as nurses.

Schools and school nurses should work more with Medicaid and other insurance providers to ensure that reimbursements that can go to the school/community are getting there. Medicaid billing – funding comes back to the municipality (city/town, etc.) not the school/district typically. If there are more licensed providers coming into the school, more billing could happen (and ideally more funds could be directed to the schools/district).

There is inequity in funding for staffing health services. Having 20 students with highly complex medical conditions in a school is not reflected in reimbursement for nurses. Acuity is skyrocketing; there is a need for 2 school nurses in each building. One nurse is needed to deal with case management and another nurse is needed to deal with students/faculty with emerging medical illness on a daily basis. Nurses are educators and provide education all day long. Again looking at case load is a better predictor of success for support staff such as school nurses.

MassHealth covers a lot of services while other insurances might not. Beyond that, there is a problem in many communities with some students having much greater access to resources and supports than some other students. This is a big challenge for the district to deal with this without enough funding (to help provide to all what they need).

* ***More professional development and training***

Funding for appropriate and high quality professional development is needed. There is not enough time for professional development. Funds are not sufficient for high quality, ongoing PD. Some districts provide more PD than others, and generally, PD time is often very limited.

Everyone needs professional development – teachers, paras, cafeteria staff, etc.

It is important for schools to stop or reduce pulling students out of the classroom to address needs and concerns– there is a need for more coaching and support (for adults and students).

Teacher preparation programs are doing a better job of incorporating SEL into their pre-service training. There is a difference between what “veteran” teachers and new teachers have received with training (though more is still needed).

There is a need for Mental Health First Aid training. There are Trainings-of-Trainers available, but they are very expensive (can be $1,200 per person). Districts need funding for this purpose. It would be helpful to have funding for every school district to have train the trainer mental health first aid. It would be helpful to have Mental Health training (such as mental health first aid) required for all school staff and community responders such as police, fire, and youth services personnel.

* ***Health related education, curriculum, and standards***

Develop statewide curriculum for Pre-K-12 related to dealing with anxiety. Embed it in the educational process. Make sure it is culturally relevant to all student populations.

Update the Health Curriculum Framework – revision hasn’t happened for 20 years, it is underway now, but they should be revised more frequently. SEL needs to be included. There is a need to have accountability for this. Health education is often cut because there is no accountability. Nurses cannot take this on alone, and this must be recognized.

Health education can’t be isolated. Even with a curriculum, it needs to be able to be modified for cultural competency.

Help schools focus on a standard SEL baseline assessment.

Start substance use prevention early, such as SEL instruction about responsible decision making. Provide students with the opportunity to practice these skills in their classrooms, not just during health class.

There need to be programs and tools that can help children in Pre-K manage anxiety. These programs need to continue through Grade 12. There is a need to introduce these topics into the daily curriculum such as literacy. Students need to read books and stories on resiliency, on how to say no, on how to prevent bullying.

Multi-Tiered Systems of Support (MTSS) training with a behavioral health focus. All (staff and partners, families, etc.) sharing in the care of these students.

More sharing with school staff about DPH resources and funding.

* ***Expertise and licensure***

Recognize the expertise within your district, and who has the experience and licensure to do certain tasks. Identify capabilities within the district first and then look at working with outside agencies. Find agencies with licensed councilors – clinical. Districts are urged to make sure they are careful about providing services within clinical licensure; to be cautious about running groups and therapeutic diagnostic services without having individuals with proper licensure, and running diagnostic mental health programs for students with staff who are available but are not licensed through their professions - such as a mental health counselor with a LMHC versus a guidance counselor who does not hold a clinical license. Also, it is important and helpful to be clear about what licensed means in mixed conversations– DESE or DPH etc. And some superintendents might think of being licensed as something different than being a licensed mental health professional, for example. It is also important to understand nursing licensure. For instance, only the registered nurse (RN) has the appropriate licensure and expertise to meet the role and responsibilities of the school nurse; a licensed practical nurse (LPN) does not have the skills, qualifications, or licensure to fulfill this role. It would be helpful if teacher licensure included CPR and mental health first aid.

Since school nurses play a central role in the lives of many students is important to note that school nurses need to be part of the school leadership team since their reach is school wide.

Related to DESE expertise, it would be very helpful to have a school nurse as a staff/team member at DESE to help inform initiatives, guidance, and other resources developed.

* ***Partnering and finding service providers within and outside of the school district; case managers***

School districts are partnering with variety of outside providers. That said, there is a great need for more of this to happen, and for more partners to be available.

Guidance from DESE and DPH about best practices for collaborating within a school district – for example 1 clinician serving 1 school rather than jumping from one school to another. Outlining district responsibilities and provider responsibilities would be helpful.

The many needs of students within a school or district make it difficult to find and access services for all who need them. Locating the correct type of service for a student is also important and sometimes staff within a school are asked to provide services for which they are not qualified or sufficiently trained. Furthermore, there is an anticipated nursing shortage in the future. Schools and districts are urged to conduct an inventory on who is available, qualified, and licensed (not just licensed by the DESE) to provide services within the district. Schools (staff, administrators, etc.) are asked to do many things for students and there is not equitable access across the state for services. More support services are needed.

It is important for student registration staff to be trained to ask families about services the child or family receives in order to start coordination or facilitate transitions (including from Head Start or Early Intervention) if needed. Some schools are partnering with community providers when they are available.

If there were one thing that could be most helpful, it would be to have a case manager for every building. Need collaboration between schools and the community. We need to break down silos. There is a great need for care coordination. Nurses are doing it, but we need more trained people. The biggest barrier to care coordination can be family reluctance. Some undocumented families are afraid of many things. Some families do not want to sign up for things due to fear. Some fear the authorities’ involvement because they think their families may be broken up (e.g., due to deportation). Some families have an adversarial relationship with school and/or their providers.

Also, partner with Head Start to intervene before Pre-K. And further support transitions from Early Intervention (EI) to school – need more communication.

* ***More universal promotion/prevention (Tier I) supports***

The school health multi-tiered support model is one to emulate for promoting and addressing behavioral and mental health well-being, challenges, and needs. The school health model focuses on all students while also serving those most in need. Students with complex health needs have care coordinators, and this needs to be replicated for all care provided to students. Many services provided by school health professionals are preventative (Tier I universal). A nurse is often the first person to see a student in crisis or heading toward crisis, since asking to go to the nurse may be a student’s way of communicating their need for support. Teaching social and emotional skills, anxiety management, anti-bullying, etc., also needs to be incorporated into the general education classroom for students in Pre-K-grade 12.   
  
We cannot just focus on the students with most challenging needs. Need to focus on Tier I universal promotion/prevention efforts. Need services available for any student not just those with IEPs. School health already works with any student. Need care coordination. Put more resources into Tier I supports. Look at the model of school nursing. Preventative models.

* ***Overwhelming challenges***

Behavioral health issues are overwhelming. We need tools for all children. Students are in nurses’ offices frequently for a number of issues that have not been diagnosed. So many issues of absenteeism are for behavioral health reasons. There are not enough resources. Schools do the best they can, but families are struggling. Family Resources Centers are important and helpful, but not sufficient to meet all the needs.

Mental health issues are so complex. Tools and resources are needed for all students, not just those on IEP’s. Case management is becoming a daunting task.

There is a lack of access – schools are asked to do so much and solve so many problems while services are scarce across the state.

The Opioid Crisis is a big factor and vaping is a big issue. The opioid crisis has hit many communities across Massachusetts, increasing the need for supports and services for students and families. Other substance use has also changed with the legalization of marijuana and new nicotine products (vaping).   
  
One of the greatest concerns is stable housing. The housing situation is very challenging and impacts students’ wellbeing and that of their families.

* ***Determining and aligning priorities***

Priorities within a school or district can be different depending on who you ask. Multiple stakeholders need to be at the table when thinking about priorities so alignment can take place.

It would be helpful if there was a template or format to align priorities. Everyone within the school has different priorities. Students in a school are a captive audience.

Needs look different depending on who you ask within a school. Everyone has their own priorities. Co-morbidities can have multiple stakeholders with different priorities. Availability of services for students with these complex needs is even less than for those with less complex needs. Need for acknowledgment of licensed professionals within schools.

* ***Cultural competency and equity***

It is essential and a challenge to find providers who are culturally, linguistically, and ethnically relevant/appropriate. With over 55 languages in some school buildings, finding the people who can come in and provide services is challenging. Connecting more services to come into the school building is important. It is a community problem, not just a school problem. Trauma is high and there are fewer supports available for this than are needed.

Being culturally competent is essential. There is a need for statewide workforce development for more qualified licensed trained providers who reflect and represent all families.

Social determinants of health are important to address/counter. More training is needed on the [social determinants of health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) in addition to trauma informed care and understanding the needs of immigrant populations.

Workforce development for more qualified licensed trained providers who reflect and represent all families is needed.

* ***Changes in a community and associated challenges***

Many factors are changing across communities in Massachusetts. In one community, there are many accommodations available for people with mobility issues so many families move there. While this is a positive change for the community, some schools need additional funding and guidance to effectively accommodate students (for example, those in wheelchairs).

In another community, many students travel from around the world to receive medical treatment in the area, these students and their families enroll in school for a short amount of time and the schools need to quickly accommodate these children as well as learn how to best communicate with the families and students. Partnering more effectively with the hospitals providing the medical care may be a way to help mitigate this burden on the schools. Additionally, some staff and others in schools may need more training and funding to adequately address some challenges to best serving these students.

* ***Summer opportunities needed***

There are many concerns about the “summer slide” for adolescents. Are there summer programs in place to keep students busy and avoid risk? It is very difficult to find mental health care providers for adolescents. It is critically important to have providers to support students in dealing with their issues during the summer when school staff are unavailable. Sometimes parents don’t see or recognize mental health challenges, have challenges themselves, or don’t know how to seek help outside of schools.

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The Commission thanks the Massachusetts School Nurse Leader Evaluation Team for generously hosting this   
focus group that will help inform efforts of the Commission and DESE, and to all participants for their   
contributions. Any questions about the focus group or Commission may be directed to [achievement@doe.mass.edu](mailto:achievement@doe.mass.edu).